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**TESTIMONY RE: RB 6600 AN ACT CONCERNING THE ESTABLISHMENT
OF THE SUSTINET PLAN**
Public Health Committee

Insurance and Real Estate and Human Services

March 3, 2009

Good morning Senator Harris, Representative Ritter and members of the Public Health Committee. Good morning Senator Crisco, Representative Fontana and members of Insurance and Real Estate. Good Morning Senator Doyle, Representative Walker and Members of the Human Services Committee.

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut. I am Dr. Mary Jane Williams, current chairperson of its Government Relations Committee and professor and chair of nursing at the University of Hartford. I have practiced nursing for over 40 years and have been educating nurses in Connecticut in both the public and private sector for over 35 years.

Providing health care to the uninsured and underinsured has been a policy issue for a number of years, as Connecticut, like sister states and the federal government, has grappled with the costs and planning for this care.

We know that thousands of Connecticut's residents lack health care coverage, and many of these individuals are employed. Most cannot afford health care premiums and cannot qualify for public programs. Most wait to seek care, and when they do, they are sicker and cost more to treat. We know that the uninsured are a piece of the overwhelming

problems of the health care system requiring the attention of health professionals, policy makers and the public. We also have known that our system of care is expensive, often does not provide good outcomes and is based on illness rather than prevention.

The Health First Connecticut Authority established in 2007 was responsible for evaluating and recommending ways to guarantee that all Connecticut's state residents have "quality, affordable and sustainable health care" and that "ways to contain costs and improve the quality of health care" as well as "finance quality, affordable health care" be studied. They were also directed to consider the Institute of Medicine principles for health coverage and health care, which include coverage for all, continuous, affordable to individuals and families, affordable and sustainable for society, and should enhance health through access to high-quality care that is effective, efficient, safe, timely, patient-centered and equitable.

The Authority's report (http://healthfirstct.org/HealthFirst_DRAFT-Final_Report.pdf) provides recommendations for coverage expansion, improvement in quality and transforming care and the implementation and responsibility for health reform and will be considered by legislators in this session.

The Sustinet, from the Universal Health Care Foundation (www.universalhealthct.org), is being offered to control health care costs, save Connecticut's families and businesses money, and make coverage available to everyone who needs it in the state. Universal Health Care Foundation of Connecticut developed the proposal with a team of national experts led by the Urban Institute, MIT and input from business, labor, and health care and clergy leaders in Connecticut.

The proposal offers any Connecticut resident high quality, affordable health care regardless of pre-existing conditions, job changes, self-employment, divorce and other life changes. This would include people without coverage, unaffordable coverage or inadequate health benefits provided through their employer.

The plan proposes to provide a comprehensive package of benefits, including dental and mental health coverage, which would emphasize prevention. Individuals could choose their own doctors, and have the option of keeping their existing health plans and their premium payments would be based on a sliding scale depending on income.

With more than 320,000 Connecticut residents that aren't insured and a growing shortage of primary care providers, coupled with a growing aging population, increasing rates of chronic illness and the dwindling number primary providers, nurses need have a strong voice in the discussion.

Nurses represent the largest group of health care providers. They practice in all health care settings, as consultants to business and industry, as primary providers of health care services, as educators and researchers, as legislators and regulators, and as the constant in disease care and prevention. Therefore as nurses we want to make sure the following questions are addressed in all proposed plans. Questions we as nurses and you should ask about any "Health Reform Proposal"

- Is it a truly inclusive system where no one is left out?
- Does it improve people's access to health care?
- Does it reallocate resources and infrastructure to support primary care and prevention?
- Does it rely on evidence-based care and reward quality?
- Does it tackle disparities in health care quality and outcomes, especially among vulnerable populations?
- Is it affordable for working families? Does it protect families from financial ruin in cases where health care expenses are disproportionately large?
- Does it offer affordable and predictable costs to businesses and employers?
- Does it demand accountability, transparency and equity from the private health care marketplace? Does it invest in nursing?
- Does it open the door for RNs to optimize their skills, knowledge and abilities in all roles and settings to help patients?
- Does it provide a coherent health care vision and strategy?

AND perhaps the most important for registered nurses—how will this affect my patients? (The American Nurse, September/October 2008)

We thank you for this opportunity to present testimony and we urge you to adopt the best plan for the citizens of Connecticut.